State of California Department of Alcohol and Drug Programs

Prevention Activities Data System (PADS) Reporting Year July 1, 2005 – June 30, 2006

PROGRAM DESCRIPTION - ADP 7235A

SECTION A County/Provider Information								
1. Date: 6.	Provider Address:				_ 10.	Type of Contract:	☐ In-County Contract	
2. County Name:	City/State/Zip:				_		☐ County Operated	
3. Provider Name: 7.	Telephone No.:	() _			_		☐ Out-of-County Contrac	.t
4. Provider ID No.: 8.	Fax No.:	() _			_ 11.	Reporting Period:		
5. Contact Person: 9.	E-mail Address:				_	☐ 1 st Quarter ☐ 2 nd	d Quarter	th Quarter
SECTION B Program Information								
1. Program Status Please check the appropriate box. New Program - Start Date		Existin	ng Program					
2. Program Description Please provide a description of the program that details the primary prevention	services being delivered. 3			on Framework:	armatian on th	ne framework. Please check all bo	avec that apply	
		•						Yes No
	(*			ogram in the process of or gaps for prevention service		ogram assessed populatior	n needs, resources, and readiness	
	(2.	2) <u>Capacit</u>				gram mobilized and/or built (capacity to address prevention	
	(3) <u>Plannin</u> services	<u>ıg</u> . Is this progr s using evidend	ram in the process of or hace-based policies, practice	ns this prog s and/or pro	ram developed a comprehe ograms?	ensive strategic plan for prevention	
	(4			s program in the process or rams and infrastructure de			dence-based prevention policies,	
	· · · · · · · · · · · · · · · · · · ·			ogram in the process of or replaced prevention servi			, sustained, and improved their	
4. Accessibility Please check all the boxes that apply to the program services accessible to persons who may have disabilities			gies Delivere	ed at coincide with the strategy for	ms that will I	pe completed.		
(a) Hearing		<u> </u>	l) Informa	tion Dissemination (Al	OP 7235E	3)		
(b) Mobility			2) Education	on (ADP 7235C)				
(c) Vision		□ (3	3) Alternat	ives (ADP 7235D)				
(d) Speech			1) Problem	n Identification & Refe	ral (ADP	7235E)		
☐ (e) Mental			•	nity-Based Process (A	,	•		
☐ (f) Developmental				mental (ADP 7235G)		•		
(g) Other (specify)			,	,,				

COMMUNITY	BVCEL	DDUCECC	CTDATECV	VDD 2332
CALIIVIIVILIIMI I Y	DASEL	<i>,</i> PR(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SIKAIFUT .	- ADP 1750

SECTION A Provider/F 1. County Name: 2. Provider ID No.:	•						3. Provide 4. Contac									Telepho Reportin) :	uarter [Quarter 🔲	3 rd Quar	ter 🔲	4 th Quarte	 r
SECTION B Service Por Please check all boxes that apprhigh-risk categories. (a) Business and Inc. (b) Children of Subs. (c) Civic Groups/Co. (d) College Students. (e) Delinquent/Viole. (f) Economically Disc.	ly. Asterisks* de dustry tance Abuse alitions to nt Youth*	enote	1 (h) Eı (i) Fi (i) G. (ii) G. (iii) G. (iii) G. (iii) G. (iii) G. (iii) G. (iii) H. (iiii) H. (iiii) H. (iiiiii)	ealth Prof igh Schoo IV Infecte	Groups/L ssionals opulation nt/Electer fessionals of Studen ed Person	Jnions d Officials s ts		(q) IV (r) Lar (s) Le: (t) Loo (u) Mid (v) Ne (w) Old (x) Pa	cal Munio ddle/Jr H ighborho der Adults rents/Far	ers ement/M y/Bisexu cipal Age igh Scho lod Assoc s milies	ilitary al/Transç ncies ol Studer ciations	nts		z) Pe aa) Pe bb) Ph cc) Pr dd) Pr ee) Pr f) Pr gg) Re	ersons Us ersons Wi nysical/En regnant W reschool S revention/ rofessiona eligious G	Treatment I/Trade Astroups	ances* al Disabil buse Vic ens* t Profess ssociatio	ities* tims* ionals ns		ii) kk) ll) mm) nn) oo)	Retailers Runaway/H School Drop Social Serv Teachers/A Voluntary/F Women and Youth/Mino Other (specif	oouts* ice Prov dminist raternal d Childre rs	iders ators/Cou Commun	ity Servic	
SECTION C Service Do	elivered		Determir "Number	ne the singl r Served" co	le most app olumn. The	oropriate sen ese entries n	vice descrip nust be num	tion for eac neric. Enter	h activity; for A or E in t	or each ser he "Actual/	vice deliver Estimated"	ed, complete column. Fo	e the entire C2, C3 an	row. Ente	er the numb er the demo	er of times th graphic brea	he service v akdown; the	was provided "Totals" sho	d in the "Fre	equency" the "Num	column'; enter nber Served."	the numb	er of persor	is served in	the
C1 Services Requiring Demographics	vices Requiring mographics Frequency Number Served Number Served Number Served Region (a) White Not Hisbanic Hisbanic Hisbanic Pacific Islan or Pacific Is					cjty (c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	<u>Total</u>	(a) Under 5	e	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	<u>Total</u>	C4 Ge	(b) Female	(c) Other	<u>Total</u>
(a) Community/Volunteer Services for Training	Community/Volunteer Services for Training																								
(b) Friday Night Live (FNL) Club Live/FNL Kids																									
(c) Technical Assistance (TA)																									
(d) Training Services																									
(e) Other (specify)																									
C5 Services Not Regu	iring Democ	ıranhics					Frequ	uency			SECTI	ON D W	here Se	rvices ()ccurred										
· · ·	Services Not Requiring Demographics Assessing Community Needs/Assets								1			check all			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ (g)	Health	Center/C	linic		☐ (n)	Trans	itional Ho	usina	
g) Accessing Services/Funding									1			Alternat		,		☐ (h)	Hospit						nent Facil	Ü	
Community Team Activities (Multi-agency coordination/collaboration)									1		□ (b)		nity At la			□ (i)	-	Recreatio	n		□ (p)	Unive	rsity/Colle	ege	
(i) Formal Community	Formal Community Teams										□ (c)	Commu	nity Cent	ter		□ (j)	Public	Housing			□ (q)	Work	Place		
(j) Systematic Planning	Systematic Planning Services										□ (d)	County/	Provider	Office		□ (k)	Reside	ential Trea	atment		☐ (r)	Youth	Clubs/Ce	enter	
									1		□ (e)	Crimina	l Justice	System		□ (l)	Schoo				☐ (s)	Other	(specify)		
	matic Planning Services												enter			☐ (m)	Street	Outreach							

Reporting Fiscal Year: 7/1/05 through 6/30/06

PROBLEM IDENTIFICATION AND REFERRAL STRATEGY - ADP 7235E

	CTION A Provider/Program Information County Name:							or Namo							E	Tolonbo	one No.: (١							
2. Provider ID No.:							4. Conta	et Name. ct Person	: 1:						6		ng Period		uarter [2nd Qu	uarter	3rd Quar	ter \square	4 th Quarte	 er
C2 Race/l					y School: Groups/L ssionals opulation nt/Elected fessionals of Student ed Person	Students Unions d Officials s ts ts	vice descrip	(p) Ho (q) IV (r) La (s) Le (t) Lo (u) Mi (v) No (w) OI (x) Pa	omeowner Drug Use Dru	rs Associa ers ement/Mil y/Bisexua cipal Ager igh School od Associa milies	ations litary al/Transg ncies ol Studer iations	ender nts ed, comple	(y) Pzz) Paaa) Pbb) Pcc) Pdd) Peee) Pff) Pgg) R	eople With ersons Us ersons Wi hysical/En regnant W reschool S revention/ rofessiona eligious G	n Mental sing Subs th Physic notional A comen/Testudents Treatmer al/Trade A croups	Health Protest and Disability Abuse Vicens* at Professussociation	oblems* ties* tims* ionals ns	((hh) R (ii) R (jj) S (kk) S (ll) T (mm) V (nn) W (oo) Y (pp) O	Retailers Runaway/F School Dro Social Sen Feachers/F Vountary/F Vomen an Youth/Minc Other (spec	Homeless opouts* vice Prov Administr Fraternal nd Childre ors	s Youth* riders rators/Cou Commun en	ınselors ity Servic	ce
SECTION C Service I	"Number Served" column.						nust be nur	neric. Ente	r A or E in t	he "Actual/E	Estimated"	column. Fo	or C2, C3 a	nd C4, en	ter the demo	graphic bre	akdown; the	"Totals" sh	ould match	the "Number	er Served."		•		
	C2 Race/Ethnicity				ity 	1	ĺ	l			l	C3 A	ge 	Ì	ĺ	1	l	ĺ		1	C4 Ge	naer 	1	1	
C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	<u>Total</u>	(a) Under 5	6 - 5 (d)	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	<u>Total</u>	(a) Male	(b) Female	(c) Other	<u>Total</u>
(a) Employee Assistance Programs																									
(b) DUI/DWI/MIP Education																					+				
Programs (c) Mens Alternative to																						<u> </u>			
Violence Programs (d) Prevention Assessment													-							<u> </u>	-		<u> </u>	<u> </u>	
and Referral Services																					<u> </u>		<u> </u>	<u> </u>	
(e) Student Assistance Programs																									
(f) Womens Alternative to Violence Programs																									
(g) Other (specify)																									
	1	1	1		1	1	1	1	1	1	1	•	4	1	1	1	1	•	1	1		-	1		1
SECTION D Where Services Occur	red	. ,	native Schoo nmunity At La			□ (e) □ (f)	Criminal J Faith Cen	ter	em		□ (i) □ (j)	Parks/Re Public Ho				☐ (m) ☐ (n)	Street Ou Transition	treach al Housing			☐ (q)	Work Pla Youth Cl	ace lubs/Center		
Please check all that apply.		☐ (c) Com	munity Cent	er		□ (g)	Health Ce	nter/Clinic			☐ (k)	Resident	tial Treatme	ent		□ (o)	Treatmen	Facility			□ (s)	Other (sp	oecify)		
		(d) Cour	nty/Provider	Office		☐ (h)	Hospital				□ (l)	School				□ (p)	University	/College							

ADP 7235E - PROBLEM IDENTIFICATION AND REFERRAL STRATEGY (Revised 5/05) Departmental Use - SERVICE CODE 15

ALTEDNIA	TIVEC	CTDATECY	1 1 D D	72255
AI IFRIVA	HIVES.	STRATEGY	- ADP	17.501

SECTION A Provider/	Program Info	ormation					2 Drovid	or Namo:							5	Tolonbo	one No.: (_	١							
 County Name: Provider ID No.: 							4. Conta	ct Person	:						5. 6.	Reportii	ng Period:	/ 1st Qu	uarter	2 nd Qu	arter	3 rd Quar	er \square	4 th Quarte	 r
SECTION B Service P Please check all boxes that app high-risk categories. (a) Business and In (b) Children of Subs (c) Civic Groups/Co (d) College Students (e) Delinquent/Viole (f) Economically Di	Populations oly. Asterisks* d idustry stance Abuse palitions s ent Youth*	lenote	(g) E (h) E (i) Fi (j) G (k) G (l) (l) G (l) (l) H (n) H (n) H	lementary mployee ire Profes angs eneral Po overnment ealth Prof igh School IV Infecte	Construction of School Signals opulation on the School Signals of Student of Persons	Students Inions I Officials S S	;	(p) Ho (q) IV (r) La (s) Le (t) Lo (u) Mi (v) Ne (w) Olo (x) Pa	omeowner Drug Use w Enforce sbian/Gay cal Munic ddle/Jr Hi eighborhooder Adults rents/Fan	s Associa ers ement/Mil y/Bisexua ipal Ager gh Schoo od Assoc	ations litary al/Transg ncies ol Studer iations	ender	(y	e) Ponda Pon	eople With ersons Usi ersons Wit nysical/Em egnant W eschool S evention/ ofessiona eligious Gr	Mental I ng Subs h Physic otional A omen/Te tudents Freatmer I/Trade A	Health Pro tances* al Disabilit buse Victi ens* t Professi ssociation	blems* ies* ms* onals s		hh) R ii) R ij) S kk) S il) Ti mm) V nn) W oo) Y	etailers unaway/h chool Dro ocial Serv eachers// oluntary/f /omen an outh/Mino	Homeless pouts* rice Prov Administra Fraternal d Childre ors	Youth* ders ators/Cou Commun n	nselors ty Servid	ce
SECTION C Service D	elivered		Determir "Numbe	ne the singler r Served" co	e most appr plumn. The	ropriate ser se entries r	vice descrip nust be nur	otion for eac neric. Enter	h activity; for A or E in the	r each serv ne "Actual/E	rice deliver Estimated" (ed, complete column. For	the entire C2, C3 an	row. Ent d C4, ent	er the number er the demog	er of times t graphic bre	he service wakdown; the	as provided "Totals" sho	d in the "Fre	equency" co the "Numbe	olumn'; ente er Served."	r the numbe	er of person:	s served in	the
					e/Ethnic								C3 Ag			<u>/ I </u>	<u> </u>					C4 Ge			
C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	<u>Total</u>	(a) Under 5	6 - 5 (d)	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	<u>Total</u>	(a) Male	(b) Female	(c) Other	<u>Total</u>
(a) ATOD-Free Social/ Recreational Events) ATOD-Free Social/ Recreational Events																								
(b) Community Drop-In Centers Operating		N/A																							
(c) Community Drop-In Center Activities																									
(d) Community Service Activities																									
(e) Friday Night Live (FNL) Club Live/FNL Kids (f) Outward Bound																									
(g) Recreational Activities																									
(h) Youth/Adult Leadership Activities (Includes Mentoring) (i) Other (specify)																									
_							•	•				•			•	•	•				•		•		
SECTION D Where Services Occurr	ed	☐ (b) Comn	native Schoo munity At La	rge		☐ (f)	Faith Cen		m		□ (i) □ (j)	Parks/Red Public Ho	using			□ (m) □ (n)	Street Out	al Housing			☐ (q)		ubs/Center		
,	se check all that apply.						Health Ce Hospital	nter/Clinic			☐ (k) ☐ (l)	Residentia School	al Treatmer	nī.		□ (o) □ (p)	Treatment University	,			□ (s)	Other (sp	ecify)		

EDUCATION STRATEGY - ADP 7235C

3rd Quarter 4th Quarter //Homeless Youth* ropouts* rvice Providers //Administrators/Counselors //Fraternal Community Service nd Children nors
/Homeless Youth* ropouts* rvice Providers /Administrators/Counselors /Fraternal Community Service nd Children
ecify)
ter the number of persons served in the ed."
C4 Gender
(a) Male (b) Female (c) Other
Work Place Youth Clubs/Center Other (specify)
ecit

Reporting Fiscal Year: 7/1/05 through 6/30/06

INFORMATION	DISSEMINATION STRATEGY -	VDD 23321
INFURINATION	INSSCIVINATION STRAIGHT -	• ADP 77.551

SEC	TION A Provide	r/Program Ir	nformation																							
1. C	ounty Name:							3. Provide	er Name:								_ 5. T	elephone	No.: ()						
	ovider ID No.:							4. Contac	t Person:	·							_ 6. R	eporting	Period: [☐ 1 st Quar	ter 🗆	2 nd Quarte	er 🔲 :	3 rd Quarter	☐ 4 ^{tl}	^h Quarter
Please	Children of Su Civic Groups/ College Stude Delinquent/Vi	apply. Asterisks* Industry ubstance Abus Coalitions nts olent Youth*	denote	(h) Em (i) Fire (j) Gar (k) Ger (l) Gov (m) Hea (n) Hig	ployee (e Profess ngs neral Pop vernmen alth Profe h Schoo ' Infected	Groups/Usionals pulation tt/Electer essionals I Studen d Persor	d Officials s ts	G G G G	(q) IV (r) La (s) Le (t) Lo (u) M (v) Ne (w) OI (x) Pa	ocal Munic iddle/Jr Hi eighborho der Adults arents/Fan	ers ement/l y/Bisex ipal Ag gh Sch od Ass nilies	Military kual/Transç gencies nool Studer ociations	nts	(y (z (z (t (c (c (c (c) (c)	Paa) Pob) Poc) Pod Poc) Pod Poc) Pod Poc) Pod Poc) Poc) Poc) Poc) Poc) Poc) Poc) Poc)	reople With Persons Usi Persons Wit Physical/Em Peregnant Wareschool S Perevention/Terofessional Peligious Gr	ng Subst n Physica otional Al omen/Tee tudents reatment /Trade As oups	ances* al Disabilit buse Vict ens* t Professi ssociation	ties* ims* onals as		ii) F ij)	Retailers Runaway/F School Dro Social Serv Teachers/F Voluntary/F Women an Youth/Minc Other (speci	pouts* vice Prov Administr Taternal d Childre ors fy)	viders rators/Cou Communi en	ity Servic	
SEC	TION C Service	Delivered		Determine "Number S	the single Served" co	most app lumn. The	ropriate ser ese entries i	vice descrip must be nur	tion for eac neric. Ente	ch activity; fo er A or E in tl	r each se ne "Actua	ervice deliver al/Estimated"	ed, complet column. Fo	e the entire or C2, C3 ar	row. Ent nd C4, en	ter the numbe Iter the demog	r of times th graphic brea	ne service w ıkdown; the	as provide "Totals" sh	d in the "Fre ould match	equency" c the "Numb	column'; enter per Served."	the numb	er of persons	s served in	the
C2 Race/Ethnicity														C3 Ag	je								C4 Ge	nder		
	Services Requiring Demographics Frequency Served Page 1		A = Actual E = Estimated	(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	<u>Total</u>	(a) Under 5	6 - 5 (d)	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	<u>Total</u>	(a) Male	(b) Female	(c) Other	<u>Total</u>	
(a) Co	nferences/Fairs																									
	alth Fairs/ omotions																									
(c) Sp	eaking gagements																									
	her (specify)																									
																								<u> </u>		<u> </u>
C5	Services Not Re	quiring Dem	ographics	Frequenc	су							Frequency]	SECTI	ON D	Where Se	rvices O	ccurred								
(e)	A/V Materials Devel	oped - Original			(0)	News	letters Diss	eminated					-													
(f)	A/V Materials Disser	minated			(p)	Printe	d Materials	Developed						Please o	check all	that apply.		☐ (g) Hea	Ith Center/C	Clinic		(n) Tra	ansitional Ho	ousing	
(g)	Brochures/Pamphle				(q)	Printe	d Materials	Disseminat	ed					☐ (a)	Alterna	ative Schools		☐ (h) Hos	pital			(o) Tre	eatment Faci	lity	
(h)	h) Brochures/Pamphlets Disseminated (r) Public Servi								oed - Origina	ıl			□ (b)		nunity At large		☐ (i)		s/Recreation	n		4 /	niversity/Coll	ege		
(i)													□ (c)		nunity Center		□ (j)		lic Housing			. 17	ork Place			
(j)	•	a Developed – Original (t) Resource Directories I						inal			_	□ (d)	-	y/Provider Of		□ (k	•	idential Trea	atment			outh Clubs/C				
(k)	Curricula Dissemina				(u)	(u) Resource Directories Disseminated								□ (e)		al Justice Sys	tem	☐ (I)					(s) Ot	her (specify)		
(l)	Media Campaigns D	<u>'</u>			(v)		one Information Service Calls						□ (f)	Faith (Center		□ (r	n) Stre	et Outreach	1						
(m)	Media Campaigns C				(w)	(w) Web Sites in Operation																				
(n)	Newsletters Develop	ed - Original																								

ADP 7235B - INFORMATION DISSEMINATION STRATEGY (Revised 5/05). Departmental Use - SERVICE CODE 1

FNVIRONMENTAL	STRATEGY _	ADD 7235G
FINVIRUNINFINIAL	DIKAIFUT -	ADP 17.500

SECTION A Provider/Program Info	rmation				2 D-	avidar Nam					_	Talambana	No. /	\					
1. County Name:												5. Telephone	,)					
2. Provider ID No.:					4. Cc	ntact Pers	son:				6	. Reporting F	Period: ∐ 1s	t Quarter	■ 2 nd Quart	er 🔲 :	3 rd Quarter	4th Quar	rter
SECTION B Target Environments B1 Places:	Please chec	ck all boxes	that apply.								B2 Eve	nts:							
☐ (a) Alcohol Outlets ☐ (b) AOD Treatment/Recovery ☐ (c) Correctional Facilities ☐ (d) Faith Center	☐ (e) ☐ (f) ☐ (g) ☐ (h)	Hotel/M Neighbo	Health Care Facilities											Shows Mass Ever	ts \square	(u) Sp	tional/State F ecial Events ner (specify) _	for Affinity	Groups
B3 Problems and Environmental Ap	proaches	Used Ple	ase check all b	oxes that app	y.														
<u>Approaches</u> <u>Approaches</u>																			
<u>Problems</u>	Info/Ed	Presentatio	n Mass Rally	Networking	Training	Docu- mentatio Observati		Media		<u>Problems</u>		Info/Ed	Presentation	Mass Rally	Networking	Training	Docu - mentation Observation	Official Action	Media
(a) Public Inebriation/Public Drinking										(F) Youth Access									
(b) Violence										(g) Loitering, Litterin									
(c) Illicit Drug Dealing										(h) Heavy Drinking									
(d) Driving Under the Influence										(i) Workplace/Other	Org. Proble								
(e) Other Crime										(j) Other (specify)									
B4 Service Populations Please check all boxes that apply. Asterisks* de			Elementary S Employee Gr			-	Homeowners IV Drug Users		ì	□ (y) □ (z)		h Mental Hea sing Substand				ailers naway/Ho	meless Youtl	1 *	
high-risk categories.	Γ	□ (i)	Fire Professi	onals		☐ (r)	Law Enforcem	nent/Military		□ (aa)	Persons W	ith Physical D)isabilities*		(jj) Sch	ool Ďropo	outs*		
☐ (a) Business and Industry	Γ	□ (j)	Gangs			□ (s)	Lesbian/Gay/E	Bisexual/Trar	nsg	gender 🔲 (bb)		motional Abus			(kk) Soc	ial Servic	ce Providers		
☐ (b) Children of Substance Abuser	ís* [□ (k)	General Pop	ulation		□ (t)	Local Municipa	al Agencies	Ŭ	☐ (cc)	Pregnant V	Vomen/Teens	*		(II) Tea	chers/Ad	ministrators/	Counselors	S
☐ (c) Civic Groups/Coalitions	Γ	□ (l)	Government/	Elected Of	icials	☐ (u)	Middle/Jr High	School Stud	den	nts 🔲 (dd)	Preschool:	Students			(mm) Volu	untary/Fra	aternal Comn	nunity Serv	/ice
☐ (d) College Students	Ţ	□ (m)	Health Profes	ssionals		□ (v)	Neighborhood	Associations	S	□ (ee)	Prevention	/Treatment Pi	rofessionals		(nn) Woi	men and	Children	-	
☐ (e) Delinquent/Violent Youth*	Γ	□ (n)	High School	Students		□ (w)	Older Adults			☐ (ff)	Professiona	al/Trade Asso	ciations		(00) You	ith/Minors	S		
☐ (f) Economically Disadvantaged*	*	□ (o)	HIV Infected	Persons		□ (x)	Parents/Famili	es		□ (gg)	Religious C	Groups			(pp) Oth	er (specify)		
SECTION C Environmental Service	es Provide	ed For Th	e Reporting	Years															
		ſ	No. of Projects Be	egun This No	. Continuing This	s Period N	lo. Policies Adopted This Period	S						No. of	Projects Begun This Period	No. Con	tinuing This Period		Adopted This
			i ciidu				i ciluu			Г					i ciiou	_		FC	,ou

	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period		
(a) Zoning Ordinances for Alcohol Outlets, New					
(b) Zoning Ordinances, Abate Existing Outlets					
(c) Drinking in Public Ordinances Passed/Improved					
(d) One-Day Event Requirements Passed/Improved					
(e) School Policies Passed/Improved (K-12)					
(f) School Policies Passed/Improved (college)					
(g) Workplace Policies (not EAP, programs only)					
(h) State ABC Regulations Passed/Improved					
(i) Other Local Control Powers Passed/Improved					
ADP 7235G – FNVIRONMENTAL STRATEGY (Revised 5/05). Departmental Use – SERVICE CODE 17					

		No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(j)	Social Host Training/Management Programs			
(k)	Commercial Host Training/Management Programs			
(l)	Holiday Campaigns and Special Events			
(m)	Managing Hi-risk Advertising/Billboard Controls			
(n)	Facility Design to Prevent AOD Problems			
(0)	Improved Enforcement			
(p)	Neighborhood Mobilization			
(q)	Community Development			
(r)	Other (specify)			

INSTRUCTIONS FOR COMPLETING PROGRAM DESCRIPTION - ADP 7235A (Revised 5/05)

GENERAL: Each county will distribute the Prevention Activities Data System (PADS) forms to all providers that receive Substance Abuse Prevention and Treatment (SAPT) funding for primary prevention services. Each county will collect the appropriate forms from their providers and submit the data via the PADS web-based application at the end of each quarterly reporting period.

SECTION A. COUNTY/PROVIDER INFORMATION

- 1. **Date**: Enter the submission date.
- 2. **County Name:** Enter the name of the county where the program is located.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Provider ID Number:** Enter the 6 digit code assigned to this provider, which includes the county code, issued by ADP.
- 5. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 6. **Provider Address:** Enter the complete mailing address for the provider.
- 7. **Telephone Number:** Enter the area code and phone number (and extension, if any) of the person named in No. 5.
- 8. **Fax Number:** Enter the area code and fax number of the person named in No. 5.
- 9. **E-mail Address:** Enter the e-mail address of the person named in No. 5.
- 10. **Type of Contract:** Check appropriate box.
- 11. **Reporting Period:** Check appropriate box.

SECTION B. PROGRAM INFORMATION

- 1. **Program Status:** Check the appropriate box. If the program is new, provide the start date.
- 2. **Program Description**: Please provide a description of the program that details the primary prevention services being delivered. Each program must submit a unique description.
- 3. **Strategic Prevention Framework:** Check all boxes that apply. If "yes," please be prepared to share information, if requested. See page 103 of the PADS User's Guide for additional information.
- 4. **Accessibility:** Check all boxes that apply to program services accessibility.
- 5. **Strategies Delivered:** Check the appropriate boxes of the strategies for which you are reporting.

Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and the effects on individuals, families and communities. This strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Education: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its activities. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Alternatives: This strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.

Problem Identification and Referral: This strategy aims to classify those individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention and treatment for ATOD disorders. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of the services implemented, interagency collaboration, coalition building and networking.

Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy can be divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service- and action-oriented initiatives.

INSTRUCTIONS FOR COMPLETING COMMUNITY BASED PROCESS STRATEGY - FORM ADP 7235F (Revised 5/05)

Community Based Process: This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention and treatment for ATOD disorders. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. SERVICE DELIVERED

- Services Requiring Demographics: Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column, enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4 enter in the demographic breakdown; the "Totals" for each section should match the "Number Served" in C1. If a service is provided that is not listed, enter that service under the category of "Other" and specify the entry.
- Race/Ethnicity: Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the "Total" box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the "Total" box. If an actual count is not possible, please estimate the numbers.
- Gender: Enter the total number of participants in each gender category. Enter the total number of persons in the "Total" box. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.
- C5 **Services Not Requiring Demographics:** For each service delivered, enter the number of times the activity took place in the "Frequency" column.

SECTION D. WHERE SERVICES OCCURRED

INSTRUCTIONS FOR COMPLETING PROBLEM IDENTIFICATION AND REFERRAL STRATEGY - FORM ADP 7235E (Revised 5/05)

Problem Identification and Referral: This strategy aims to classify those individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in the first use of illicit drugs, and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. SERVICE DELIVERED

- Services Requiring Demographics: Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column, enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4 enter in the demographic breakdown; the "Totals" for each section should match the "Number Served" in C1. If a service is provided that is not listed, enter that service under the category of "Other" and specify the entry.
- Race/Ethnicity: Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the "Total" box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the "Total" box. If an actual count is not possible, please estimate the numbers.
- Gender: Enter the total number of participants in each gender category. Enter the total number of persons in the "Total" box. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.

SECTION D. WHERE SERVICES OCCURRED

INSTRUCTIONS FOR COMPLETING ALTERNATIVES STRATEGY - FORM ADP 7235D (Revised 5/05)

Alternatives: This strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would therefore minimize or remove the need to use these substances.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. SERVICE DELIVERED

- Services Requiring Demographics: Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column, enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4 enter in the demographic breakdown; the "Totals" for each section should match the "Number Served" in C1. If a service is provided that is not listed, enter that service under the category of "Other" and specify the entry.
- Race/Ethnicity: Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the "Total" box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the "Total" box. If an actual count is not possible, please estimate the numbers.
- Gender: Enter the total number of participants in each gender category. Enter the total number of persons in the "Total" box. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.

SECTION D. WHERE SERVICES OCCURRED

INSTRUCTIONS FOR COMPLETING EDUCATION STRATEGY - FORM ADP 7235C (Revised 5/05)

Education: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its activities. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. SERVICE DELIVERED

- Services Requiring Demographics: Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column, enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4 enter in the demographic breakdown; the "Totals" for each section should match the "Number Served" in C1. If a service is provided that is not listed, enter that service under the category of "Other" and specify the entry.
- Race/Ethnicity: Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the "Total" box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the "Total" box. If an actual count is not possible, please estimate the numbers.
- Gender: Enter the total number of participants in each gender category. Enter the total number of persons in the "Total" box. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.

SECTION D. WHERE SERVICES OCCURRED

INSTRUCTIONS FOR COMPLETING INFORMATION DISSEMINATION STRATEGY - FORM ADP 7235B (Revised 5/05)

Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and the effects on individuals, families and communities. This strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. SERVICE DELIVERED

- Services Requiring Demographics: Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column, enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4 enter in the demographic breakdown; the "Totals" for each section should match the "Number Served" in C1. If a service is provided that is not listed, enter that service under the category of "Other" and specify the entry.
- Race/Ethnicity: Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the "Total" box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian σ Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the "Total" box. If an actual count is not possible, please estimate the numbers.
- Gender: Enter the total number of participants in each gender category. Enter the total number of persons in the "Total" box. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.
- Services Not Requiring Demographics: For each service delivered, enter the number of times the activity took place in the "Frequency" column. For services (k) Clearinghouse/Info Resource Centers in Operation and (w) Web Sites in Operation, note only how many are operating. "Media Campaigns Developed" or "Media Campaigns Conducted" would include structured activities that use print and broadcast media to deliver prevention information or health promotion messages. In contrast to Public Service Announcements (PSAs), broadcasted media campaign messages are usually more than five minutes long. PSAs would include a media message or campaign, usually less than five minutes long that are broadcast at no charge. PSAs are designed to inform and educate audiences, and may include no-charge newspaper advertisements, announcements and press releases.

SECTION D. WHERE SERVICES OCCURRED

INSTRUCTIONS FOR COMPLETING ENVIRONMENTAL STRATEGY - FORM ADP 7235G (Revised 5/05)

Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy can be divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action oriented initiatives. "Environmental" prevention focuses on local retail, public, and social environments for alcohol/drug availability and use.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. TARGET ENVIRONMENTS

- Places: Check all the boxes that apply to the appropriate place that was targeted. The target environment is a place(s) that has been identified as a significant source of ATOD problems in the community. *Places* are facilities such as individual buildings, classes of buildings, and particular land-use such as a park in which ATOD problems occur over time. Examples are "Joe's Bar on Main Street," "all off-sale alcohol outlets," and "City Parking Lot No.5."
- **Events:** Check all the boxes that apply to the appropriate event that was targeted The target environment is an event(s) that has been identified as a significant source of ATOD problems in the community. *Events* are short-term occasions at which alcoholic beverages are sold or served at the site of the event. Examples are the "XYZ Corporation Annual Wine and Cheese Festival," the "Smallville Independence Day Picnic," and "unsupervised teen-aged parties at private homes."
- Problems and Environmental Approaches Used: Check all the appropriate boxes to indicate the types of problems and environmental approaches used. Analysis of ATOD problem environments includes identifying the sources of ATOD problems and possible solutions. The "Three Actor Theory" helps planners determine both problems and solutions. Three sets of actors are involved with every problem environment, no matter how large or how small. The three sets are owners/managers, occupants/neighbors, and officials/other interested parties. Identify the sources of ATOD problems in the environment, and the solutions to the problems by checking the appropriate boxes in the "Approaches" section.
- B4 **Service Populations:** Check all the appropriate boxes of the populations or groups that were targeted. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. Environmental Services Provided for the Reporting Year(s)

Enter the total number of projects begun in this reporting period; the number of projects that are continuing in this reporting period; and the number of policies adopted during this reporting period. Examples for (l) Holiday Campaigns and Special Events are First Night and for (n) Facility Design to Prevent AOD Problems are Crime Prevention Through Environmental Design (CPTED).

Other references regarding the environmental approach to prevention:

The Environmental Approach to Community ATOD Prevention: An Action Manual (California Department of Alcohol and Drug Programs, Sacramento, CA, 1997, (ADP) 97-3501). This manual is available at no charge through ADP's Resource Center at 800-879-2772, 1700 K Street, Sacramento, CA 95814.

ASIPS/GIS Program Manual (Wittman, Harding and Sparks, 1997). For information contact the Community Prevention Planning Program at 510-540-4717.

Prevention Pipeline (September 1997). Contact the Community Prevention Planning Program at 510-540-4717 for information about the Three Actor Theory.